

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7143

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

27 OF DEATH AND 45 RESIDENCE 348	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 27 Yrs IN ARIZONA 35 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Community Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 159 West Center St.	
	3. NAME OF DECEASED (TYPE OR PRINT) Mattie Jane Gamewell		A. (FIRST) Mattie B. (MIDDLE) Jane C. (LAST) Gamewell		4. SEX Female 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
EDENT 3 SONAL 185 ATA 4 154	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Dec. DAY 8 YEAR 1869		8. AGE (IN YEARS LAST BIRTHDAY) 85	
	9B. KIND OF BUSINESS OR INDUSTRY Motel		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? USA	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 526-44-8554		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Motel Operator	
	14A. FATHER'S NAME Reuben J. Grady		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Nancy M. Glass	
USE OF ATH M 18)	16. INFORMANT'S SIGNATURE Mrs. Lucille Storns, Wickenburg, Arizona.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 17 1954	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Inter trochanteric fracture l. femur DUE TO (B) Hypostatic pneumonia DUE TO (C) Bed rest II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 1954 TO Dec 17, 1954 , THAT I LAST SAW THE DECEASED ALIVE ON Dec 17, 1954 AND THAT DEATH OCCURRED AT 11:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
ICAL ICATION	22A. SIGNATURE (DEGREE OR TITLE) [Signature]		22B. ADDRESS Wickenburg Arizona		22C. DATE SIGNED 12-20-54	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
DEATH DUE TO EXTERNAL VIOLENCE	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE 12-20-54		25B. NAME OF CEMETERY OR CREMATORY Wickenburg		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona	
	26A. DATE REC. BY LOCAL REG. 12/27/54		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
	27B. ADDRESS Wickenburg Ariz					
	FORM VS-2 REV. 6-1-53 AMPCO 70385					